



**NEW YORK UNIVERSITY SCHOOL OF MEDICINE**

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April 9, 2007

Geico  
PO Box 116  
Woodbury, NY 11797

**RE: Frometa, Adama**  
**D/A: 2/14/07**  
**Date of Exam: 4/9/07**

**HISTORY:** I had the pleasure of examining Adama Frometa on 4/9/07 for neurosurgical consultation. I have done the complete evaluation of this patient including history and physical examination and review of systems as well as the review of the radiological studies. Adama Frometa is a 39-year-old patient who was injured in a motor vehicle accident in February 14, 2007. She was taken to Cabrini Hospital, treated and released. She complains of neck pain, right upper extremity pain and left lower extremity numbness. The patient was here to seek my opinion as far as further management is concerned.

**MEDICATIONS:** The patient is currently on non-steroidal anti-inflammatory medication as necessary.

**SOCIAL HISTORY:** The patient does not give a history of allergies.

**FAMILY HISTORY:** None contributory.

**PAST MEDICAL HISTORY:** None contributory.


**PHYSICAL EXAMINATION:** Revealed an adult female with complaints of neck and back pain. The patient is awake, alert, and oriented times three. Pupils are equal and reactive. Extraocular movements are full. There were no deficits found in cranial nerves II through XII. Speech and mentation are normal. On examination, neck movements are restricted and the bilateral straight leg raising test is positive at 40°. Her deep tendon reflexes are 2+ and symmetrical. The plantars are down going. Sensory and vibratory sense is normal. Cerebellar examination revealed normal coordination and gait. MRI examination showed cervical disc herniation at C3-4. MRI examination of the lumbar spine demonstrates a disc herniation at L3-S1. I have advised her to undergo lumbar, as

well, cervical spine surgery to prevent further irreversible neurological damage. She will be re-evaluated in four weeks time. Meanwhile she is going to think about it and call us back.

**CAUSALITY:** To the best of my ability, I feel there is a causal relation between the accident and the current condition.

Sincerely,

  
Ramesh P. Behn, MD

 New York University  
A Private University in the Public Service

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Name Adona Prometa  
8/20/07

Address \_\_\_\_\_

**Rx** Patient is cleared  
for chiropractic  
treatment

Renew 0, 1, 2, 3, 4

Ramesh Babu, MD  
THIS PRESCRIPTION WILL BE FILLED GENERICALLY  
UNLESS PRESCRIBER WRITES "A" IN THE BOX BELOW



Signature As Written

PS-110 NY/NC 303

CABRINI MEDICAL CENTER  
227 East 19<sup>th</sup> Street, New York, NY 10003 (212)995-6000

OPERATIVE RECORD

NAME: FROMETA, ADONNA      05/17/2007      MR#: 763782  
Account#: 462748

SURGEON: Ramesh Babu, MD

ASSISTANT:

ANESTHESIOLOGIST:

ANESTHESIA: General endotracheal anesthesia.

PREOPERATIVE DIAGNOSIS: Herniated lumbar disk L5-S1.

POSTOPERATIVE DIAGNOSIS: Herniated lumbar disk L5-S1.

PROCEDURE PERFORMED: Right-sided L5-S1 hemilaminotomy, medial facetectomy. Removal of herniated disk. Microscope was needed for the procedure.

FINDINGS:

PROCEDURE: The patient was brought to the operating room. Anesthesia with general endotracheal anesthesia, placed in a prone position on Wilson's frame. Care was taken to protect all the pressure points. Back of the lumbar area was thoroughly prepared and draped in same usual manner after marking for skin incision for lumbar laminectomy at L5-S1. Skin has been incised. Bleeding points have been controlled with bipolar electrocautery after using a Bovie coagulator. Paraspinal muscles have been detached from their attachment to spinous process, lamina L5-S1 on the right side. Taylor retractor has been applied to all \_\_\_\_\_ of L5-S1. Fluoroscopy is used in order to identify the level. Microscope has been brought in, thus allowing procedure being carried out with microscopic magnification illumination. By using high-speed drill the lamina of L5-S1 including the medial part of the facets of L5-S1 have been drilled. Drilling is continued till the top and bottom of the ligamentum flavum has been seen. Drilling is also continued on the medial part of the facets till the turn of the ligamentum flavum has been seen.

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Once this has been done, thinned out surrounding lamina, medial part of the facets have been removed. Ligamentum flavum has been removed. There was a piece of extruded disk noted that has been removed. The nerve root has been further decompressed. Midline the ligamentum flavum and the spinous process have been further cut down to give the room in the midline as well. After this, hemostasis has been achieved. Wound closed in layers. Fascia closed, intraspinal ligament, spinous process, 1-0 Vicryl. Subcutaneous tissue closed with 3-0 Vicryl. Skin has been closed with interrupted 3-0 Vicryl sutures. Patient tolerated the procedure well. No complications to surgery. After procedure mobilized to recovery room in stable and good condition.

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RAMESH BABU, MD

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DD: 05/17/2007 10:20  
DT: 05/17/2007 19:33  
Job #: 08459  
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